



**TRANSFER/PROMOTIONAL
OPPORTUNITY
for
ACCOUNTING ASSISTANT I
(Milwaukee Police Department)**



RETURN APPLICATION BY JULY 12, 2013 TO: Katrina Whittley, Milwaukee Police Dept., Human Resources Division, 749 W. State St., Room 427, Milwaukee, WI 53233.

INSTRUCTIONS TO APPLICANT- Please:

1. Print answers in black ink.
2. Answer all questions. Credit may not be given for incomplete information.
3. Date and sign page 2.
4. Staple together all pages of your application.
5. Keep a copy of completed application materials for your files.

Name (Last, First, Middle Initial) _____

Address _____

City, State, Zip Code _____

Day phone: (____) _____ - _____ Evening phone: (____) _____ - _____

Cell phone: (____) _____ - _____ Email Address: _____

List any other names by which you have been known on official records: _____

Do you currently live in the city of Milwaukee? ☐ Yes ☐ No

If yes, when did you become a resident? (month/year) _____

Due to limitations on employment of relatives, list the names and exact relationships of any relatives who are City of Milwaukee employees:

List any licenses, registrations and/or certificates you possess, such as Driver's, Nursing or Professional Engineer, that are related to the job you are applying for:

TYPE	NUMBER (if any)	TYPE	NUMBER (if any)
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You must be PRESENTLY employed by the City of Milwaukee to apply for this position. Please list the following:

Position Title _____ Employee ID# _____

Department _____ From (month/yr) to (month/yr) _____

OPEN RECORDS/PUBLIC INFORMATION

The City sometimes receives requests under the Wisconsin Public Records Law for the identity of job applicants and copies of the job applications. However, except for those applicants who are final candidates for positions, the City is prohibited from releasing the identity of applicants who have indicated in writing that they do not wish their identity to be revealed.

If you do not wish us to reveal your identity, please check the following box: ☐

EDUCATION AND TRAINING

Did you graduate from High School? _____ Yes _____ No

If not, list the highest grade/year completed in school: _____

Have you passed a high school equivalency or G.E.D. Test? _____ Yes _____ No

Name and Location of High School attended _____

Training beyond high school (college or university, nursing, business college, military or other training you have received).
Under credits earned, indicate Q for quarter hours or S for semester hours.

NAME AND LOCATION OF SCHOOL	FULL OR PART TIME	DATES ATTENDED		CREDITS EARNED	MAJOR OR FIELDS OF STUDY	TYPE OF DEGREE/DATE COMPLETED
		FROM MO. YR.	TO MO. YR.			
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

READ CAREFULLY BEFORE SIGNING -- I certify that all answers to questions on this application are true and complete. I understand that falsification of this application may result in disqualification or removal from a City position. I understand that residency in the City of Milwaukee within six months of appointment and throughout employment is required by City Charter 5-02. I authorize the City to make any inquiries about and receive any information about my suitability for employment. I give permission to persons contacted to provide such information. Such inquiries may include, but are not limited to the quality and quantity of my work, work record, qualifications, education and criminal records as defined above. NOTE: Convictions are not an automatic bar to employment but are reviewed in relation to the job for which you applied. I forever waive, release and covenant not to sue any person or organization as a result of providing, obtaining or acting upon such information. I understand that such information is sought with confidentiality. A copy of this authorization shall be effective as the original.

SIGNATURE: _____**DATE:** _____

EMPLOYMENT HISTORY

Begin with current or most recent employment and work back. Account for all time during the past ten years, including periods of unemployment. IN ADDITION, LIST ANY OTHER PAID OR UNPAID WORK EXPERIENCE THAT MAY QUALIFY YOU FOR A POSITION. ATTACH ADDITIONAL PAGES IF NECESSARY.

Employer	From (month/year): _____ To (month/year): _____
Address	Salary/Wage: \$_____ per _____
Your Title	<input type="checkbox"/> Part time <input type="checkbox"/> Full time Hours per week: _____
Supervisor's Name, Title and Phone Number	Reasons for leaving:
Duties:	
Employer	From (month/year): _____ To (month/year): _____
Address	Salary/Wage: \$_____ per _____
Your Title	<input type="checkbox"/> Part time <input type="checkbox"/> Full time Hours per week: _____
Supervisor's Name, Title and Phone Number	Reasons for leaving:
Duties:	
Employer	From (month/year): _____ To (month/year): _____
Address	Salary/Wage: \$_____ per _____
Your Title	<input type="checkbox"/> Part time <input type="checkbox"/> Full time Hours per week: _____
Supervisor's Name, Title and Phone Number	Reasons for leaving:
Duties:	

EMPLOYMENT HISTORY (continued)

Employer	From (month/year): _____ To (month/year): _____
Address	Salary/Wage: \$_____ per _____
Your Title	<input type="checkbox"/> Part time <input type="checkbox"/> Full time Hours per week: _____
Supervisor's Name, Title and Phone Number	Reasons for leaving:
Duties:	

Employer	From (month/year): _____ To (month/year): _____
Address	Salary/Wage: \$_____ per _____
Your Title	<input type="checkbox"/> Part time <input type="checkbox"/> Full time Hours per week: _____
Supervisor's Name, Title and Phone Number	Reasons for leaving:
Duties:	

Employer	From (month/year): _____ To (month/year): _____
Address	Salary/Wage: \$_____ per _____
Your Title	<input type="checkbox"/> Part time <input type="checkbox"/> Full time Hours per week: _____
Supervisor's Name, Title and Phone Number	Reasons for leaving:
Duties:	